



CITY OF CINCINNATI
DEPARTMENT OF BUILDINGS & INSPECTIONS
Room 328, City Hall, 801 Plum Street
Cincinnati, Ohio 45202
(513) 352-3271 Fax: (513) 352-1598

Permit Application For

HVAC

NUMBER

Part A — Identification

COMPLETE IN INK — PLEASE PRINT

Project Address	Floor/Suite
Owner	Street Address/City/State/Zip
Contractor	Street Address/City/State/Zip
Contact Person	Street Address/City/State/Zip

Phone	Home / Work
Phone	
Phone	/ Fax

Part B — Main Use of Primary Building on Property: (Such as Office, One-Family, Parking Garage, Restaurant, etc.)

Present Use: _____ No. of Dwelling Units _____

Proposed Use: _____ No. of Dwelling Units _____

Part C — Type of Mechanical Equipment

Furnace, Up Flow <input type="checkbox"/> Counter Flow <input type="checkbox"/>	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	Input Btuh _____
Air Cond. Electric <input type="checkbox"/> Gas <input type="checkbox"/>	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Comb. Htg. & A.C. _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Heat Pump _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Boiler, H.W. <input type="checkbox"/> Steam <input type="checkbox"/> Process <input type="checkbox"/>	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Unit Heater _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	H. Btuh _____ C. Btuh _____
Kitchen Hood & Exhaust Systems	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	CFM _____
Hood Fire Suppression System	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	CFM _____
Fireplaces _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____	Fuel _____	
Other _____	No. Units _____	Mfg. Name _____	Model No./Efficiency _____		

Replacement Unit: Yes ☐ No ☐ (a) Connection to existing wiring: Yes ☐ No ☐ (b) Ductwork: New ☐ Existing ☐
Boilers, Cooling Towers and Related Equipment directly connected to Potable Water System
(a) Backflow Prevention Device used: ASSE 1012 ☐ ASSE 1013 ☐ (b) Chemically Treated System: Yes ☐ No ☐

DESCRIPTIONS OF WORK TO BE DONE, LOCATION OF EQUIPMENT, ALTERATIONS, ETC. _____

Note: A separate application for inspection of electrical work must be filed with Inspection Bureau Inc. (IBI) 250 W. Court St., Cincinnati, Ohio 45202, Except for 1, 2 & 3 Family Replacement Installations Connected to Existing Branch Circuit.

Cost of Labor and Materials for this Application Only \$ _____

The owner or agent of this building and undersigned, does hereby certify that the information and statements given on the application, drawings, and specifications are to the best of their knowledge, true and correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the Department of Buildings and Inspections of the described premises at any time when work on those premises is ongoing and hereby grants that consent.

Applicant's Signature _____

OFFICE USE ONLY BELOW LINE

Route To: _____ **Processing Fee** _____

APPROVALS:

Zoning	Date	Building	Date
--------	------	----------	------

COMPLETE FOR NEW ONE, TWO & THREE FAMILY BUILDINGS AND WHERE OTHERWISE APPLICABLE

[illegible]

ABOVE CALCULATIONS MADE BY _____ ADDRESS _____

OFFICE USE ONLY

Census Tract _____

Zoning District _____

Use Group _____

TYPE OF PERMIT	AMOUNT	ISSUED BY	DATE	NUMBER
HVAC				
WALK THRU				
INVESTIGATION FEE				
OHIO STATE SURCHARGE				